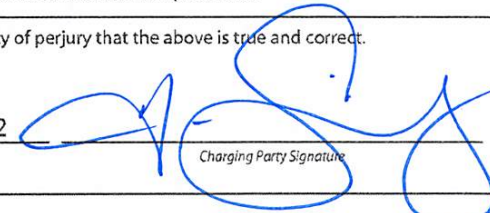


EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): 410-2022-04378 <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
and EEOC			
State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) Tonesha Spaulding		Home Phone (Ind. Area Code) 3475288269	Date of Birth 08/21/1983
Street Address 3840 Button Gate Ct, Lithonia, GA, 30038		US EEOC ATDO RECEIVED APRIL 4, 2022	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)			
Name Atlanta Gastroenterology and associates		No. Employees, Members 15+	Phone No. (Ind. Area Code) 4042579000
Street Address 5671 Peachtree Dunwoody Rd, Atlanta, GA 30342			
Name 		No. Employees, Members 	Phone No. (Ind. Area Code)
Street Address 			
DISCRIMINATION BASED ON (Check appropriate box(es).)			DATE(S) DISCRIMINATION TOOK PLACE Earliest _____ Latest _____
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) _____			<input checked="" type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I began working at the above-named employer in 2020. My supervisor Ms. Chrishandra Johnson sexually harasses me. She has repeatedly commented on my breast, touched me inappropriately, and given me sexual toys. She makes me extremely uncomfortable, and I have complained to my employer. But to date Ms. Johnson has not yet been terminated. The harassment got so bad that I had to use FMLA leave. I'm set to return from FMLA leave shortly, and I fear the harassment and retaliation will continue.</p> <p>I believe I have been sexually harassed and retaliated against in violation of Title VII of the Civil Rights Act as amended.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State or Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date 04/04/2022 Charging Party Signature 		SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	